

Case Number:	CM14-0139360		
Date Assigned:	09/05/2014	Date of Injury:	04/27/1997
Decision Date:	10/09/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 75 year old male who reported injury on 04/27/1997. The mechanism of injury and surgical history were not provided. The documentation of 08/08/2014 revealed the injured worker's medications included Ambien 5 mg, ibuprofen 600 mg, Percocet 10/325 mg, and Soma 350 mg. The physical examination revealed tenderness at the SI fusion site on the buttock on the right side. The muscle strength testing revealed significant weakness in the right quadriceps, tibialis anterior, EHL, peroneal, and gastrocnemius of 4/5. Sensation testing for pain, light touch, position, and vibration of the upper leg was diminished in the thigh and anterior lateral calf. The treatment plan included a spinal cord stimulator, an EMG/NCV, and an MRI with and without contrast. The diagnosis included peripheral neuritis, degeneration of the intervertebral disc, spinal stenosis of the lumbar region, and disorder of the sacrum. The prior diagnostic studies included x-rays and MRIs. There was a Request for Authorization submitted for the medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Carisoprodol 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are recommended as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The documentation indicated the medication was a current medication for the injured worker. However, the duration of use could not be established. There was a lack of documentation of exceptional factors to warrant nonadherence to Guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Carisoprodol 350 mg #90 is not medically necessary.